

Fill in this information to identify your case:

United States Bankruptcy Court for the:

WESTERN DISTRICT OF NEW YORK

Case number (if known)

Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Mojck, LLC

2. All other names debtor used in the last 8 years
Include any assumed names, trade names and doing business as names

DBA Vic's Place
FDBA Vic & Irvs Refreshments

3. Debtor's federal Employer Identification Number (EIN) 45-4855211

4. Debtor's address Principal place of business

179 Peart Avenue
Rochester, NY 14622

Number, Street, City, State & ZIP Code

Monroe
County

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

4671 Culver Road Rochester, NY 14622
Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other. Specify: _____

Debtor Mojck, LLC
Name

Case number (if known) _____

7. Describe debtor's business A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

7225

8. Under which chapter of the Bankruptcy Code is the debtor filing? Check one:

- ☒ Chapter 7
☐ Chapter 9
☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
☐ A plan is being filed with this petition.
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11 (Official Form 201A) with this form.
☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

- ☒ No.
☐ Yes.

If more than 2 cases, attach a separate list.

| | | | | | |
|----------|-------|------|-------|-------------|-------|
| District | _____ | When | _____ | Case number | _____ |
| District | _____ | When | _____ | Case number | _____ |

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No.
☐ Yes.

List all cases. If more than 1, attach a separate list

| | | | |
|----------|-------|-----------------------|-------|
| Debtor | _____ | Relationship | _____ |
| District | _____ | When | _____ |
| | | Case number, if known | _____ |

Debtor Mojck, LLC
Name

Case number (if known) _____

11. Why is the case filed in this district? *Check all that apply:*
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No
- ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (*Check all that apply.*)

☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.

☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

☐ Other _____

Where is the property? _____

Number, Street, City, State & ZIP Code

Is the property insured?

☐ No

☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds *Check one:*
- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> 1-49 | <input type="checkbox"/> 1,000-5,000 | <input type="checkbox"/> 25,001-50,000 |
| <input type="checkbox"/> 50-99 | <input type="checkbox"/> 5001-10,000 | <input type="checkbox"/> 50,001-100,000 |
| <input type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999 | | |

15. Estimated Assets
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
| <input type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million | <input type="checkbox"/> \$1,000,000,001 - \$10 billion |
| <input type="checkbox"/> \$100,001 - \$500,000 | <input type="checkbox"/> \$50,000,001 - \$100 million | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion |

Debtor Mojck, LLC
Name

Case number (if known) _____

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 15, 2017
MM / DD / YYYY

X Michelle L. Danielowicz
Signature of authorized representative of debtor

Michelle L. Danielowicz
Printed name

Title Member

18. Signature of attorney

X Ronald S. Goldman
Signature of attorney for debtor

Date June 15, 2017
MM / DD / YYYY

Ronald S. Goldman, Esq.
Printed name

Ronald S. Goldman, Esq.
Firm name

45 Exchange Street, Suite #532
Rochester, NY 14614
Number, Street, City, State & ZIP Code

Contact phone (585) 546-7410

Email address rosgol@yahoo.com

Bar number and State _____

Fill in this information to identify the case:

Debtor name Mojck, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- ☒ Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- ☒ Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- ☐ Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- ☐ Schedule H: Codebtors (Official Form 206H)
- ☐ Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)
- ☐ Amended Schedule _____
- ☐ Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on June 15, 2017

x

Michelle Danielowicz
Signature of individual signing on behalf of debtor

Michelle L. Danielowicz

Printed name

Member

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Mojck, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

| | | Column A | Column B |
|-----|---|---|--|
| | | Amount of claim | Value of collateral that supports this claim |
| | | Do not deduct the value of collateral. | |
| 2.1 | NYS Department of Taxation & Finance <small>Creditor's Name</small> Attn: Bankruptcy Department P.O. Box 5300 Albany, NY 12205 <small>Creditor's mailing address</small> <small>Creditor's email address, if known</small> Date debt was incurred 2016-2017 Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority. | Describe debtor's property that is subject to a lien All personal and real property owned by debtor Describe the lien Statutory Lien Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$12,509.20 Unknown |

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$12,509.20

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

Fill in this information to identify the case:

Debtor name Mojck, LLC

United States Bankruptcy Court for the: WESTERN DISTRICT OF NEW YORK

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

| | | Total claim | Priority amount |
|--|--|--------------------|--------------------|
| <div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">2.1</div> <div style="clear: both;"></div> Priority creditor's name and mailing address NYS Department of Taxation & Finance Attn: Bankruptcy Department P.O. Box 5300 Albany, NY 12205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$13,057.98 | \$13,057.98 |
| Date or dates debt was incurred 2017 | Basis for the claim: Sales tax | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

| | | | |
|--|--|-----------------|-----------------|
| <div style="border: 1px solid black; padding: 2px; width: 40px; float: left; margin-right: 5px;">2.2</div> <div style="clear: both;"></div> Priority creditor's name and mailing address NYS Department of Taxation & Finance Attn: Bankruptcy Department P.O. Box 5300 Albany, NY 12205 | As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | \$100.00 | \$100.00 |
| Date or dates debt was incurred 2017 | Basis for the claim: Income tax | | |
| Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8) | Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **Mojck, LLC**

Name

Case number (if known)

| | | | |
|-----|---|--|--------------------|
| 3.1 | Nonpriority creditor's name and mailing address Alsco 548 St. Paul Street Rochester, NY 14605 Date(s) debt was incurred <u>1/2017</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Cleaning supplies</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$395.67</u> |
| 3.2 | Nonpriority creditor's name and mailing address Dipasquale & Salerno Distributors, Inc. 119 Northridge Drive Rochester, NY 14626 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Bread products</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$3,500.00</u> |
| 3.3 | Nonpriority creditor's name and mailing address Jacobstein Food Service 15 Airline Drive Rochester, NY 14624 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food products - trade debt.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,500.00</u> |
| 3.4 | Nonpriority creditor's name and mailing address Maines Paper & Food Service, Inc. 101 Broome Corporate Parkway Conklin, NY 13748 Date(s) debt was incurred <u>12/2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Paper and food products - trade debt.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$1,997.40</u> |
| 3.5 | Nonpriority creditor's name and mailing address Palmer Food Service P.O. Box 92365 Rochester, NY 14692 Date(s) debt was incurred <u>2015-2016</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Food products - trade debt.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$10,330.54</u> |
| 3.6 | Nonpriority creditor's name and mailing address Rapid Advance 4500 East West Highway, 6th Floor Bethesda, MD 20814 Date(s) debt was incurred <u>2016-2017</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Commerical payday loans</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$20,871.97</u> |
| 3.7 | Nonpriority creditor's name and mailing address Rochester Community Baseball, Inc. 1 Morrie Silver Way Rochester, NY 14608 Date(s) debt was incurred <u>2017</u> Last 4 digits of account number _ | As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Advertising</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | <u>\$452.75</u> |

Debtor **Mojck, LLC**
Name

Case number (if known)

3.8 Nonpriority creditor's name and mailing address

Rochester Meat Co., Inc.
900 Jefferson Road, Suite P5
Rochester, NY 14623

Date(s) debt was incurred 2017

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Food products - trade debt.

Is the claim subject to offset? ☒ No ☐ Yes

\$5,197.64

3.9 Nonpriority creditor's name and mailing address

Youngblood Disposal Enterprise
35 Deep Rock Road
Rochester, NY 14613

Date(s) debt was incurred 2016

Last 4 digits of account number

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Disposal services

Is the claim subject to offset? ☒ No ☐ Yes

\$500.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part 1 or Part 2 is the
related creditor (if any) listed?

Last 4 digits of
account number, if
any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ 13,157.98

5b. + \$ 44,745.97

5c. \$ 57,903.95

United States Bankruptcy Court
Western District of New York

In re Mojck, LLC

Debtor(s)

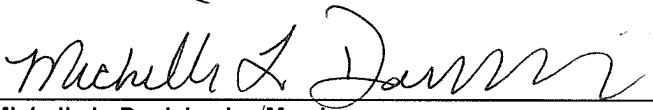
Case No.
Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the Member of the LLC named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: June 15, 2017



Michelle L. Danielowicz/Member
Signer/Title

Office of the US Trustee
100 State Street, Room 6090
Rochester, NY 14614

AlSCO
548 St. Paul Street
Rochester, NY 14605

Dipasquale & Salerno Distributors, Inc.
119 Northridge Drive
Rochester, NY 14626

Jacobstein Food Service
15 Airline Drive
Rochester, NY 14624

Maines Paper & Food Service, Inc.
101 Broome Corporate Parkway
Conklin, NY 13748

NYS Department of Taxation & Finance
Attn: Bankruptcy Department
P.O. Box 5300
Albany, NY 12205

Palmer Food Service
P.O. Box 92365
Rochester, NY 14692

Rapid Advance
4500 East West Highway, 6th Floor
Bethesda, MD 20814

Rochester Community Baseball, Inc.
1 Morrie Silver Way
Rochester, NY 14608

Rochester Meat Co., Inc.
900 Jefferson Road, Suite P5
Rochester, NY 14623

Youngblood Disposal Enterprise
35 Deep Rock Road
Rochester, NY 14613

**United States Bankruptcy Court
Western District of New York**

In re Mojck, LLC

Debtor(s)

Case No.

Chapter

11

STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION

I, **Michelle L. Danielowicz**, declare under penalty of perjury that I am a **Member** of **Mojck, LLC**, an LLC organized under the Laws of the State of New York on March 21, 2012 and that the following is a true and correct copy of the resolutions adopted by the Members of said New York Limited Liability Corporation at a special meeting duly called and held on the 15th day of June, 2017.

"Whereas, it is in the best interest of this LLC to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Michelle L. Danielowicz**, **Member** of this LLC, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the LLC; and

Be It Further Resolved, that **Michelle L. Danielowicz**, **Member** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Michelle L. Danielowicz**, **Member** of this LLC is authorized and directed to employ **Ronald S. Goldman, Esq.**, attorney and the law firm of **Ronald S. Goldman, Esq.** to represent the LLC in such bankruptcy case."

Date June 15, 2017

Signed


Michelle L. Danielowicz

Resolution of Board of Directors
of
Mojck, LLC


Whereas, it is in the best interest of this LLC to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Michelle L. Danielowicz, Member** of this LLC, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the LLC; and

Be It Further Resolved, that **Michelle L. Danielowicz, Member** of this LLC is authorized and directed to appear in all bankruptcy proceedings on behalf of the LLC, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the LLC in connection with such bankruptcy case, and

Be It Further Resolved, that **Michelle L. Danielowicz, Member** of this LLC is authorized and directed to employ **Ronald S. Goldman, Esq.**, attorney and the law firm of **Ronald S. Goldman, Esq.** to represent the LLC in such bankruptcy case.

Date June 15, 2017

Signed 

Date June 15, 2017

Signed _____

MOJCK LLC VICS PLACE

BALANCE SHEET

As of June 15, 2017

| | TOTAL |
|--|----------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| bank fee | 0.00 |
| Cash on Hand | 900.00 |
| Chase Business Savings | 5,695.29 |
| Chase Operating | -4,172.82 |
| Total Bank Accounts | \$2,422.47 |
| Other Current Assets | |
| Loans to Stockholders | 0.00 |
| Total Other Current Assets | \$0.00 |
| Total Current Assets | \$2,422.47 |
| Fixed Assets | |
| Accumulated Dep | -6,580.00 |
| Machinery & Equipment | 17,254.95 |
| Total Fixed Assets | \$10,674.95 |
| Other Assets | |
| Security Deposits | 10,000.00 |
| Total Other Assets | \$10,000.00 |
| TOTAL ASSETS | \$23,097.42 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable | 0.00 |
| Total Accounts Payable | \$0.00 |
| Other Current Liabilities | |
| Long term liability | -15,572.19 |
| Note Payable - Jim Papas | 0.00 |
| Sales Tax Payable | 20.00 |
| Total Other Current Liabilities | \$ -15,552.19 |
| Total Current Liabilities | \$ -15,552.19 |
| Long-Term Liabilities | |
| Notes Payable - Heather | 12,764.09 |
| Notes Payable- JD | 11,627.49 |
| Notes Payable-John jr | 124,123.97 |
| Shareholder Notes Payable | 19,671.58 |
| Total Long-Term Liabilities | \$168,187.13 |
| Total Liabilities | \$152,634.94 |
| Equity | |
| Paid-In Capital or Surplus | 8,297.30 |
| Retained Earnings | -124,025.66 |

| | TOTAL |
|-------------------------------------|-----------------------|
| Net Income | -13,809.16 |
| Total Equity | \$ -129,537.52 |
| TOTAL LIABILITIES AND EQUITY | \$23,097.42 |

Form 1120S

Department of the Treasury
Internal Revenue Service

U.S. Income Tax Return for an S Corporation

Do not file this form unless the corporation has filed or is
attaching Form 2553 to elect to be an S corporation.Information about Form 1120S and its separate instructions is at www.irs.gov/form1120s.

OMB No. 1545-0123

2016

For calendar year 2016 or tax year beginning , ending

| | | | |
|--|---------------------|---|---|
| A Selection effective date 03/21/12 | TYPE OR PRINT | Name MOJCK LLC | D Employer identification number [REDACTED] |
| B Business activity code number (see instructions) 722513 | | Number, street, and room or suite no. If a P.O. box, see instructions. 179 PEART AVE | E Date incorporated 03/21/2012 |
| C Check if Sch. M-3 attached <input type="checkbox"/> | | City or town, state or province, country, and ZIP or foreign postal code IRONDEQUOIT NY 14622 | F Total assets (see instructions) \$ 23,344 |

G Is the corporation electing to be an S corporation beginning with this tax year? ☐ Yes ☒ No If "Yes," attach Form 2553 if not already filed

H Check if: (1) ☐ Final return (2) ☐ Name change (3) ☐ Address change (4) ☐ Amended return (5) ☐ S election termination or revocation

I Enter the number of shareholders who were shareholders during any part of the tax year **1**

Caution. Include only trade or business income and expenses on lines 1a through 21. See the instructions for more information.

| | | | | | |
|--|--|-----|----------------|-----|----------------|
| Income | 1a Gross receipts or sales | 1a | 367,723 | 1c | 367,723 |
| | b Returns and allowances | 1b | | 2 | 253,255 |
| | c Balance. Subtract line 1b from line 1a | | | 3 | 114,468 |
| | 2 Cost of goods sold (attach Form 1125-A) | | | 4 | |
| | 3 Gross profit. Subtract line 2 from line 1c | | | 5 | |
| | 4 Net gain (loss) from Form 4797, line 17 (attach Form 4797) | | | 6 | 114,468 |
| Deductions (see instructions for limitations) | 5 Other income (loss) (see instructions—attach statement) | | | 7 | |
| | 6 Total income (loss). Add lines 3 through 5 | | | 8 | |
| | 7 Compensation of officers (see instructions—attach Form 1125-E) | | | 9 | 4,041 |
| | 8 Salaries and wages (less employment credits) | | | 10 | |
| | 9 Repairs and maintenance | | | 11 | 31,266 |
| | 10 Bad debts | | | 12 | 16,172 |
| | 11 Rents | | | 13 | |
| | 12 Taxes and licenses | | | 14 | 1,775 |
| | 13 Interest | | | 15 | |
| | 14 Depreciation not claimed on Form 1125-A or elsewhere on return (attach Form 4562) | | | 16 | 5,162 |
| | 15 Depletion (Do not deduct oil and gas depletion.) | | | 17 | |
| Tax and Payments | 16 Advertising | | | 18 | 2,845 |
| | 17 Pension, profit-sharing, etc., plans | | | 19 | 57,172 |
| | 18 Employee benefit programs | | | 20 | 118,433 |
| | 19 Other deductions (attach statement) See Stmt 1 | | | 21 | -3,965 |
| | 20 Total deductions. Add lines 7 through 19 | | | | |
| | 21 Ordinary business income (loss). Subtract line 20 from line 6 | | | | |
| | 22a Excess net passive income or LIFO recapture tax (see instructions) | 22a | | 22c | |
| | b Tax from Schedule D (Form 1120S) | 22b | | | |
| | c Add lines 22a and 22b (see instructions for additional taxes) | | | | |
| | 23a 2016 estimated tax payments and 2015 overpayment credited to 2016 | 23a | | 23d | |
| b Tax deposited with Form 7004 | 23b | | 24 | | |
| c Credit for federal tax paid on fuels (attach Form 4136) | 23c | | 25 | | |
| d Add lines 23a through 23c | | | 26 | | |
| 24 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> | | | 27 | | |
| 25 Amount owed. If line 23d is smaller than the total of lines 22c and 24, enter amount owed | | | | | |
| 26 Overpayment. If line 23d is larger than the total of lines 22c and 24, enter amount overpaid | | | | | |
| 27 Enter amount from line 26 Credited to 2017 estimated tax Refunded | | | | | |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer **DANIELOWICZ MICHELLE** Date **4-17-17** Title **President**

Print/Type preparer's name **Christopher P Klee** Preparer's signature **[Signature]** Date **04/17/17** Check ☐ if self-employed PTIN **P00726042**

Firm's name **George Peter Klee CPA LLC** Firm's EIN **[REDACTED]**

Firm's address **53 Canterbury Rd Rochester, NY 14607-3403** Phone no. **585-482-2080**

For Paperwork Reduction Act Notice, see separate instructions.

Form 1120S (2016)